

water) to an ill-conditioned ulcer, cleans it from all purulent matter, and causes it to assume a healthy red appearance, with each granulation distinctly visible. If a wound in this state be freely exposed to warm dry air for some hours, it becomes glazed and dried on the surface. It becomes covered by what is practically an impervious transparent membrane, closely applied to the surface of the granulations, and exercising a certain amount of mechanical pressure upon them. In many cases, no matter forms underneath this membrane, and cicatrization goes on underneath it with great rapidity. In time, the membrane assumes the appearance of a thin dry scab, and drops off. If matter form under the membrane, it is at once visible through it; the lotion should then be reapplied, and the wound dried by exposure, as before. Immediately this is done, the inflamed edges of the ulcer commence to pale in colour, and in twenty-four to thirty-four hours have nearly the tint of natural skin.

"This treatment is especially of value in the cure of ulcers on the leg, as no confinement to bed is necessary; and what is required in the application of the lotion and subsequent drying can be done in the evening, after the conclusion of the day's work."

Dr. B. has tried this plan in numerous cases of small wounds, but does not think it applicable for sores of large size—say six or seven inches across—from a scald.

43. *Spinal Atrophy after Amputation.*—VULPIAN confirms by further researches his results in 1868 (*Archives de Physiologie*), and those of Dr. Dickinson subsequently published, demonstrating that, after the partial or total amputation of a limb, the part of the spinal cord furnishing nerves to the limb undergoes simple atrophy in the posterior cornu and column. These changes are more rapid and extensive, as might be expected, in young and growing subjects, than in fully developed adults.—*Brit. Med. Journ.*, May 18, 1872.

44. *Badly-united Fracture of Femur: Refracture-cure.*—Dr. J. FAYREER records (*Indian Medical Gazette*, March 1, 1872) two very interesting cases of this.

Case I. F. M., æt. 14, healthy English sailor-boy, admitted into Medical College Hospital, on 30th November, 1871, with badly-united fracture of the left femur, causing great distortion of the limb; the thigh being fixed at an obtuse outward angle, and much shortened.

It appears that he fell from a height of about eight feet on to the deck, when the ship was off the Cape of Good Hope, about six weeks ago; and apparently had sustained a double fracture, one in the middle of the shaft of the bone, and the other in the lower third. There was much thickening from callus, the union firm and the curvature of the thigh outwards excessive, with shortening of four inches of the limb. He was put under the influence of chloroform, and the bone forcibly straightened; during the pressure, necessarily exerted for this purpose, the bone was felt to give way, as if partially fractured and partially extended.

After the operation, the limb, being restored to its normal length, was placed in a long, straight splint. Rapid consolidation took place, without a single unfavourable symptom. He was able to walk with a stick in twelve days, and was discharged, cured, on the 21st December. The callus was rapidly being absorbed, and the strength of the limb daily increasing.

Case II. Coonj Beharry, a healthy Hindoo boy, aged 10, was admitted on 22d December, 1871, with a badly-united fracture of the right femur in its upper third, caused by falling from a height of a few feet, about a month ago; union had taken place, and the limb was much shortened and distorted at an obtuse outward angle.

He was placed under the influence of chloroform, and the limb forcibly straightened by pressure over the seat of union. The bone was heard to give way with an audible snap in the site of the former fracture: the limb was then extended and placed on the long thigh splint. Slight fever followed the operation, but it soon passed away; he had no unfavourable symptom, and union rapidly took place.

On the 4th of January he was able to stand and bear the weight on the leg. He now, 18th January, walks freely on it, and is about to be discharged. There is still thickening about the seat of union, but it is rapidly disappearing; the legs are equal in length.

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45. *Bilateral Ankylosis of Lower Jaw: Operation.*—Dr. MAAS, of Breslau, relates in the *Archiv für Klin. Chirurg.* (Band xiii. Heft 3) the case of a man aged 27, who was admitted into hospital with ankylosis of the jaw on both sides. It had come on after an attack of scarlet fever when he was seven years old, being preceded by severe pain in the part; and since the age of ten he had not been able to move the jaw at all. The secondary dentition was attended with great difficulty in the removal of the milk-teeth; and the new teeth were irregularly developed, and for the most part were displaced laterally. The patient, on admission, was of anæmic appearance, though in moderately good condition; the lower jaw was imperfectly developed. Speech was somewhat muffled, but was quite intelligible. Not the least movement of the jaw could be produced under anæsthesia. Herr Middeldorpf operated on the right side, removing a wedge-shaped piece of bone, as recommended by Esmarch, near the angle. The result of this was the formation of a false joint, with power of opening the mouth passively to the extent of about an inch. Between four and five months later, Dr. Fischer performed a similar operation on the left side; four months after this, the patient could voluntarily open his mouth, without pain, to the extent of about an inch and a quarter, and his general condition was much improved.—*Brit. Med. Journ.*, June 1, 1872.

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46. *Acute Inflammation of the Lining Membrane of the Mastoid Cells; Suppuration; Perforation of the Mastoid Wall; Recovery.*—Mr. JOHN WILKINS records (*The Practitioner*, March, 1872) two cases of this, which, as the author observes, “are interesting in many particulars; acute inflammation of the lining membrane of the mastoid cells not being a very common occurrence at any time of life, and less often seen in an adult subject where there never has existed a predisposition to ear affection; and when it does occur, the end is more often fatal than otherwise; and even in recovery, the parts have become so disorganized from destruction of bone, loss of hearing, etc., that the sufferers seldom get over for life the inconveniences arising from the attack. As a rule, it is said to be very difficult to diagnose between acute inflammation of the tympanum and that occurring in the mastoid cells; but if we possess a proper acquaintance with the anatomy of the parts, we shall see that the distinction is very marked. One great characteristic symptom of acute inflammation of the mastoid cells is the severe and continuous pain experienced at the base of the occipital region; next, we have the excruciating pain felt on slight pressure over the mastoid itself, and the tumefied condition of the integuments covering that process. There, internally, the pain is deeper-seated and comes on more in paroxysms, and there is considerable giddiness; in the worst cases drowsiness and coma. On examination of the meatus, its posterior wall, corresponding to the front wall of the mastoid cells, is peculiarly sensitive to the merest pressure; when these marked symptoms are present, and the patient gets no substantial relief from a free opening in the membrana tympani, and one through the integuments of the mastoid process to the bone, we may fairly conclude that disease exists in the cells of the latter; and, knowing that acute inflammation cannot exist long in any part without suppuration, and that pus will not remain boxed up, but will make a passage for its escape somewhere, it is only rational treatment and assisting nature to open the mastoid, immediately over the seat of the disease, to allow the escape of the matter. Though pus almost invariably has a tendency outwards, if you examine the specimen of bone I have brought here this evening, you will notice it is not unlikely that before the matter could make a passage for itself through the thick and stone-like hardness of the outer wall of the mastoid process, destruction of its inner thin plate would happen, and of course speedy death would be likely to follow. Death might also be brought about by the absorption into the system of this